



**CITY OF CARLSBAD
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FY 2015-2016 FUNDING PROPOSAL APPLICATION**

The following information must be completed by each organization interested in being considered for CDBG funding. Please type or print clearly. Attach additional sheets or information as necessary. **All information requested must be provided or the application will be considered incomplete and will not be further evaluated for funding consideration. The application must not exceed a total of fifteen (15) pages, including required Attachments A and B as listed in the Checklist of Required Documents.** (Attachments C and D may also be required depending on the proposed project, but will not count towards the 15 page limit.) **Ten copies, unstapled and three hole punched, of the completed application package, including appropriate attachments, must be submitted prior to 5 P.M. on Dec. 18, 2014 to Courtney Enriquez, Housing and Neighborhood Services Department, 1200 Carlsbad Village Drive, Carlsbad, CA 92008. Applicants may obtain a copy of this form in Microsoft Word format via internet email by contacting Courtney.Enriquez@carlsbadca.gov.**

IMPORTANT NOTE: Organizations that have not received CDBG funds from the City of Carlsbad within the last three years must attend an orientation meeting at the address above on Dec. 4, 2014 at 4 P.M. Applications will only be accepted from organizations that have received CDBG/HOME funds from the City within the last three years and those that have sent a representative to attend the orientation meeting.

ADMINISTRATING AGENCY

Name of Agency: _____

Address: _____

Federal DUNS Number: _____

PROPOSED PROGRAM/PROJECT

Title of Program/Project: _____

Location of Program/Project: _____

Contact Person: _____ Telephone No.: (_____) _____

Email address: _____ Requested Funding Amount: \$ _____

Brief Description of Program/Project (Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives of the program/project, etc.):

I. ORGANIZATIONAL ABILITY/CAPACITY

- A. This agency is:
- | | |
|--|--|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> For-profit |
| <input type="checkbox"/> Local public agency | <input type="checkbox"/> State public agency |
| <input type="checkbox"/> Other (Please specify.) _____ | |
- B. What is the purpose/mission of the agency?
- C. How long has this agency been in operation? Please include the date of incorporation?
- D. How long has this agency been providing the proposed program/project?
- E. Please submit an organizational chart for the agency as Attachment A.
- F. Please describe the agency's existing staff positions directly responsible for the proposed program/project and their qualifications and experience in implementing such a program/project. (Resumes may also be submitted as an optional Attachment B but not in lieu of a complete response.)
- G. Please indicate your agency's level of experience with the CDBG/HOME program.
- CDBG/HOME program:
- | |
|---|
| <input type="checkbox"/> No or little experience (up to 1 year of using CDBG/HOME funds) |
| <input type="checkbox"/> Some experience (2 to 3 years of using CDBG/HOME funds) |
| <input type="checkbox"/> Moderate experience (4 to 5 years of using CDBG/HOME funds) |
| <input type="checkbox"/> Considerable experience (more than 5 years of using CDBG/HOME funds) |

- H. If you have received federal funds, including CDBG/HOME funds, in previous years, have program violation findings ever been made against your agency/organization?

☐ No ☐ Yes

If yes, please explain nature of finding(s) and how finding(s) has been addressed by your organization.

II. FINANCIAL CAPACITY/STABILITY

- A. Please complete Page 6 itemizing revenues and expenses (sources and amounts) for the proposed program or project in which CDBG funds would be used. Indicate how the requested CDBG/HOME funds would relate to the overall proposed budget.
- B. Did you receive any of the following sources of funding from the City of Carlsbad within the last two years (2012-2013 and 2013-2014) for the proposed program/project?

<u>Sources of Funding</u>	<u>No</u>	<u>Yes</u>
CDBG	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities (or other General Fund monies)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate amount and status of previously awarded funds (fully expended, funds remaining, program/project discontinued, etc.).

	<u>Amount Received</u>	<u>Status</u>
CDBG/HOME funds		
Community Activities/Other		

- C. Did you receive any federal funds, including CDBG/HOME funding from other cities, last year (July 2012 - June 2013)?

☐ No ☐ Yes (Please list funds below.)

<u>Program Source</u>	<u>Amount Received</u>
	\$
	\$
	\$

- D. Will additional CDBG/HOME funds be required in future years for the project?

☐ No ☐ Yes

III. BENEFITS & BENEFICIARIES

- A. How accessible or convenient is the proposed program/project to Carlsbad residents? (Please be specific such as direct services to client's home, transportation provided to and from facility, or relation to public transportation.)

- B. What is the approximate percentage of your clients that have annual family incomes in each of the following ranges: (Percentages should add to 100%; Please see the 2014 Income Limits for the CDBG Program included in the Request for Proposals package.)

_____ % of clients are at 30 percent or below of the area median income
_____ % of clients are between 31 and 50 percent of the area median income
_____ % of clients are between 51 and 80 percent of the area median income
_____ % of clients are above 80 percent of the area median income

- C. Please describe how low and moderate income persons will benefit from the proposed program/project. Include the need or problem to be addressed in relation to Consolidated Plan housing and community development priorities, as well as the population to be served or the area to be benefited. (See Consolidated Plan Priorities)

- D. Please indicate the number of clients benefiting from the proposed activity and the percentage that are Carlsbad residents.

_____ Persons of which _____% are Carlsbad residents

- E. Does your agency focus its activities on populations with special needs?

☐ No ☐ Yes (Please specify)

Please specify which special needs populations. (Homeless individuals/families, Persons with disabilities, Persons with substance abuse problems, Veterans, Farm workers & day laborers, Elderly, Children, etc.)

IV. IMPLEMENTATION OF ACTIVITY

A. Please submit a schedule for implementation as Attachment C if this proposal is for construction, rehabilitation, property acquisition, other construction related activities, or a new public/community service program/project. Acquisition of property or construction related projects must also include an Attachment D for plans, scope of work, cost estimates, property listing, or other appropriate documents. **The agency must ensure the expenditure of all CDBG funds awarded within the program year.**

I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

_____ Signature	_____ Title	_____ Date
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NOTE: Applications must include a resolution from your organization's Board of Directors authorizing the person signing above to submit funding applications and to enter into funding agreements if selected.

Information below to be completed by Housing and Neighborhood Services Department staff.

Date Received: _____

Date Reviewed: _____

Staff Person Completing Review: _____

National Objective: _____

Local Objective: _____

Eligibility Determination: _____

2015-2016 PROJECT BUDGET

Organization: _____ Total Organization Budget \$ _____

Program/Project Name Requesting Funds: _____

CDBG Funds Requested: \$ _____ Total Program/Project Budget: \$ _____

Note: Indicate with an asterisk (*) funds that are volunteer time or in-kind contribution.

1. Sources of funding for program/project:

- a. Funding requested from the City \$ _____
- b. Other federal funds (if any) _____
- c. State or local government funds _____
- d. Donations and contributions _____
- e. Fees or memberships _____
- f. In-kind contributions / Volunteer time _____
- g. Other funding _____
- h. **TOTAL PROJECT FUNDING** (project budget) \$ _____

2. Uses of CDBG funds requested for the program/project: (1.a.)

- a. Wages and salaries \$ _____
- b. Personnel benefits _____
- c. Materials and supplies _____
- d. Program expenses and evaluation _____
- e. Rent and utilities _____
- f. Insurance _____
- g. Mileage (___@ 55¢/mile) _____
- h. Incentives and Special Events _____
- i. Indirect costs _____
- j. _____
- k. _____
- l. **TOTAL REQUESTED FUNDING** (same as 1.a.) \$ _____

3. Percentage of project budget represented by CDBG request _____ %